Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

A Fo	rthe 2	2009 ca	lendar vea	r, or tax year beginning 0	1-01-2009	and ending 12-31-2	2009				
		plicable	Please	C Name of organization					D Employer i	dentification number	
_	Iress cha		use IRS	NEAR NORTH DEVELOPMENT	CORPORAL	ION			36-26550	083	
— _{Nar}	ne char	nae	label or print or	Doing Business As					E Telephone	number	
_	ıal retur	-	type. See Specific						(312) 337	7-5666	
_			Instruc-	Number and street (or P O 1251 N CLYBOURN AVENUE	box if mail is	not delivered to street ad	ddress)	Room/suite	G Gross receip	ts \$ 722,067	
_	mınated		tions.								
Am	ended r	eturn		City or town, state or count CHICAGO, IL 60610	y, and ZIP +	4					
— App	lication	pending		Chicago, in 60010							
			F Nar	ne and address of principa	alofficer		1	i(a) Is th	■ ıs a group retı	urn for	
				N STRONG					ates?	ΓYes Γ No	
				N CLYBOURN AVENUE GO,IL 60610			١.				
				,			'		ll affiliates inclu		
[Tax	x-exem	pt status	▼ 501(c) (3) ◄ (insert no)	7(a)(1) or		┑.		o, attachalls upexemption i	st (see instructions)	
1 147	- b- it -	. . NE/	A R - N O R T H	1.000			⊢ '	1(6)	ap exemption	namber F	
- VV	ebsite	H NEA	AR-NORTE	1 ORG			<u> </u>				
∢ Forn	n of org	janization	Corporat	tion Trust Association	Other 🟲			L Year of fo	rmation 1967	M State of legal domicile IL	
Pai	rt I	Sumr	nary								
	1	•		e organization's mission o	-						
မှ		AFFORL	DABLE HO	USING & COMMUNITY F	ROGRAM	<u>S</u>					
soveniance											
<u> </u>											
<u>*</u>	2	Check t	hıs box 叶	if the organization disco	ntinued its	operations or dispos	sed of	more than	25% of its ne	t assets	
	3	Number	of voting r	nembers of the governing	body (Par	t V I , line 1a)				3	
o V	4	Number	ofindeper	ndent voting members of t	he governı	ng body (Part VI, line	e 1b)		•	4	
Acuviues &	5	Total nu	ımber of er	nployees (Part V , line 2a)						51	
5				olunteers (estimate if nece						6	
Ť	7a	Total gr	oss unrela	ted business revenue fror	n Part VII	I, column (C), line 12	· •	•		7a	
				ness taxable income from						7b	
						·		Pric	r Year	Current Year	
	8	Contril	nutions and	d grants (Part VIII, line 1	h)		_		569,602		
ntle	9			revenue (Part VIII, line 2	•		·		13,472	· · · · · · · · · · · · · · · · · · ·	
<u>9</u>	10	_		,		1,286					
В еуе				me (Part VIII, column (A), lines 3, 4, and 7d) art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	11		-	dd lines 8 through 11 (mu			luna		6,194	189,665	
	12			ad illes o tillough 11 (illu	•		iiie		590,554	722,067	
	13			ar amounts paid (Part IX,						0	
	14	Benefit	s paid to c	or for members (Part IX, c	olumn (A),	line 4)				0	
	15			ompensation, employee be			H				
Expenses		10)	•	, , ,	,	, , , , , , , , , , , , , , , , , , , ,			397,618	423,236	
₹	16a	Profes	sional fund	raising fees (Part IX, colu	ımn (A), lıı	ne 11e)				0	
ੜ	ь	Total fur	ndraising exp	enses (Part IX, column (D), line	e 25) ► <u>0</u>		_				
ш	17	Other	expenses	(Part IX, column (A), lines	11a-11d	,11f-24f)	¯.		361,951	274,736	
	18	Totale	xpenses /	Add lines 13–17 (must ed	qual Part I	X, column (A), line 25	5)		759,569	697,972	
	19		•	oenses Subtract line 18 f	•		· -		-169,015	24,095	
አ ው								Beginnin	g of Current		
net Assets of Fund Balances								_	rear ear	End of Year	
3 TE	20	Totala	issets (Pai	rt X, line 16)					56,628	95,395	
됳	21	Total I	ıabılıtıes (f	Part X, line 26)			. [41,988	56,660	
žΞ	22	Net as	sets or fun	d balances Subtract line	21 from lu	ne 20	. [14,640	38,735	
Par	t II	Sign	ature Bl	ock			_				
				глигу, I declare that I have exa							
		and belie	er, it is true,	correct, and complete Declarat	ion of prepar	er (otner than officer) is b	oasea or	ı alı informat	ion of which prep	parer nas any knowledge	
Sign	1	****	**					2010	-11-01		
lere		Signa	ture of office	er				Date	11 01		
		I. KELV	IN STRONG	EXECUTIVE DIRECTOR							
			or print nam								
		Dronger	- k			Date	Cher	ck ıf	Prenarer's idei	ntıfvına number	
ام: م		signature HUGH J AHERN CPA 2010-11-01 se							eck if Preparer's identifying number (see instructions)		
Paid Propa	,,,,,	empolyed						(`			
•	arer's		me (or your ployed),	DESMOND & AHERN LTD					EIN Þ		
Jse (ן אווזע		and ZIP + 4	10827 S WESTERN AVENU	E						
				CHICAGO, IL 606433206					Phone no 🕨	(773) 779-4720	
/1 a v. +	ha IPS	S discus	s this ratio	rn with the preparer show	a above 2 (saa instrustions)			•	Ves ENO	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To invest in people and property through the development, maintenance, and improvement of quality mixed-income housing and related supportive services for persons of very low and moderate income in the North Town area

2	Did the organizati	on undertake any significar	nt program servic	es during the year wh		∕es ✓ No
	•	these new services on Sch				res v No
3	•	on cease conducting, or ma		anges in how it condu		res ✓ No
	If "Yes," describe	these changes on Schedul	e O			
4	Section 501(c)(3		ns and section 4	947(a)(1) trusts are i	gest program services by exp required to report the amount vice reported	
4a	(Code) (Expenses \$	257,633 inc	luding grants of \$) (Revenue \$)
	and high school studential individual assistance	dents to pursue a post secondary	education Students g admission applicati	are taught study strategies ons, as well as financial ai	Education This program helps prepa s, time management, and organization d and scholarship opportunities Stud o	on skills. They receive
4b	(Code) (Expenses \$	219,908 inc	luding grants of \$) (Revenue \$)
	in their pre-college p students from famili	performance and ultimately in the les in which neither parent holds a n The goal of Upward Bound is to	eir higher education p n bachelor's degree,	ursuits Upward Bound ser and low-income, first-gene	The program provides opportunities ves high school students from low- eration military veterans who are pre te secondary education and enroll in	ncome families, high schoo paring to enter post-
	(Code) (Expenses \$	39,565 inc	luding grants of \$) (Revenue \$)
	family relationships youth and adults ga	and bridge the gap between your	th and adults through Ir environment, cultu	i improved communication ral history and one another	community programs The program and reading skills, promotion of self This program encourages family u	-development, and helping
4d	Other program s	ervices (Describe in Sche	dule O) See also	Additional Data for D	escription	
	(Expenses \$	48,767 inclu	ding grants of \$) (Revenue \$)
4e	Total program se	ervice expenses►\$	565,873			

Part TV	Checklist	of Require	ed Sche	dules
	CHECKHIST	oi keguii	eu Stile	uuies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νo
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	<u> </u>		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
	If "Yes," enter the name of the foreign country 🕨 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νc
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N c
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
`	Section 501/c)/7) organizations Enter			

10a

10b

11a

11b

Initiation fees and capital contributions included on Part VIII, line 12 . .

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

against amounts due or received from them)

facilities

year

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders .

12a

1251 N CLYBOURN CHICAGO,IL 60610 (312) 337-5666

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
4	Enterate must be after the control of the control o			
1a L	Enter the number of voting members of the governing body	.		
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Yes	
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		N
Sa	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		No
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	45.	.,	
_	to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website 🔽 Another's website 🔽 Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the KELVIN STRONG	ie orga	ınızatıor	n ►

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	t compensa	te any o	urre	nt or	for	mer of	ficer	, dırector, trustee o	r key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ELBERT GREEN CHAIRMAN	2 00	х		х				0	0	0
MAKEDA LONDON SECRETARY/TREASURER	2 00	х		х				0	0	0
Gwendolyn Sımms DIRECTOR	1 00	Х						0	0	0
BERNARD MCCUNE DIRECTOR	1 00	х						0	0	0
KELVIN STRONG EXECUTIVE DIRECTOR	40 00			х				67,083	0	6,408
										Form 990 (2009)

For	n 990 (2009)			Page 8
1b	Total	0		6,408
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
_				
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0			
		F	orm 99 0	0 (2009)

Form 9								Page 9
Part V	V1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
## ## ## ## ## ## ## ## ## ## ## ## ##	1a	Federated cam	paigns 1a					
를 를	Ь	Membership du	ies 1 b					
S.€	c	Fundraising eve	ents 1c					
<u>≅,</u> ≅	d		zations 1d					
E E	e	Government grant		527,301				
erio Erio	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	4,249				
音号	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	🔸	531,550			
<u></u>				Business Code				
ven.	2a							
Program Serwce Revenue	b							
<u>ه</u> د	C	-						
Se.	d							
an an	e	A.II						
چ	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen		0.53			053
	١.		ar amounts)	F	852			852
	4 5		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
		Royalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) itali	(11) 1 01001141				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other						
	ь	than inventory Less cost or other basis and						
		sales expenses						
	d	Gain or (loss)	[ss)	b -				
	8a		rom fundraising					
÷		events (not ınc						
Other Revenue			s reported on line 1c)					
ē	Ь	1	a					
돌	"		penses b (loss) from fundraising	events 🕨				
_	9a	Gross income f	from gaming activities					
	ь		a penses b					
	С		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a	Partnership Inc	ome	900,099	188,852	188,852		
	Ь	mıscellaneous		900,099	813	813		
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		189,665			
	12	Total revenue.	See Instructions .	▶	722,067	189,665	0	852

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	ll other organizations must complete column (A) but are not required to co		(B), (C), and (B)	(D). (C)	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	81,996	9,397	72,599				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	290,613	290,613					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits	17,970	17,970					
10	Payroll taxes	32,657	26,587	6,070				
11	Fees for services (non-employees)				_			
а	Management							
ь	Legal	7,589	5,760	1,829				
c	Accounting	22,713	3,766	22,713				
٦	Lobbying	22,713		22,713				
d								
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	10,132	2,625	7,507				
12	Advertising and promotion							
13	Office expenses	40,092	32,640	7,452				
14	Information technology							
15	Royalties							
16	Occupancy	25,984	23,680	2,304				
17	Travel	14,954	14,954					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	17,989	17,989					
20	Interest	429		429				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	6,811	5,545	1,266				
23	Insurance	7,722	5,390	2,332				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	program costs	79,176	79,176					
b	Staff development	33,547	33,547					
С	Miscellaneous	7,598		7,598				
d								
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	607.072	56 5 072	122.000	0			
		697,972	565,873	132,099	0			
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 1 41,229 2 18,302 2 Savings and temporary cash investments 23,356 23,027 3 3 4 4.706 4 17.319 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part 38.948 10a 10a VI of Schedule D 10b 32.213 9.714 6.735 b Less accumulated depreciation 10c 11 11 550 550 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 6.535 15 56.628 16 16 95,395 Total assets. Add lines 1 through 15 (must equal line 34) . . . 12.187 14.304 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 3.030 1,391 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 26,771 25 Other liabilities Complete Part X of Schedule D 25 40.965 26 **Total liabilities.** Add lines 17 through 25 41,988 26 56,660 Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 14.640 38.735 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 14,640 38,735 33 33 34 Total liabilities and net assets/fund balances 56.628 95.395 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

D NO 1343-004

2009

2009

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization NEAR NORTH DEVELOPMENT CORPORATION

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

36-2655083

Pa	rt I	Reaso	on for Pub	olic Charity Stat	us (All org	anızatıons	must comp	lete this pa	art.) See ins	structions		
he o	organiz	zation is	not a private	foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	x)			
1	Γ	A churc	h, conventio	n of churches, or as:	sociation of	churches s	ection 170(b)(1)(A)(i).				
2	Г	A schoo	school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Г		spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medic	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A hospital's name, city, and state)(A)(iii). Ent	er the	
5	г	An orga	rganization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_	'	_	•	A)(iv). (Complete Pa	_	or annversi	., omica or o	perateu by u	governmenta	iii diiii doodiib	· · · · · ·	
6	г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general							Loublic				
•	,	describ	ed ın	A)(vi) (Complete Pa		i puit oi its	support nom	a governmen	intal anne or no	m the genera	i public	•
8	Г			described in section		.)(vi) (Con	nplete Part II)				
9	Ī			t normally receives					utions, memb	ership fees. a	nd aro	SS
-	,			ties related to its ex								
		-		ss investment incom	-	=						
			_	anızatıon after June 3				-		an,		
10	\vdash			anized and operated	•			•	•			
11	<u>'</u>	-	_	anized and operated	•		-			carry out the	nurnos	es of
	,	one or n	nore publicly	supported organization supported by Type II	tions describ rting organia	bed in secti zation and c	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se gh 11h	•	(a)(3).	Check
e f	1	other th section	an foundatio 509(a)(2) ganization r	x, I certify that the o	erthan one o	or more pub	licly supporte	ed organizati	ons describe	d in section 5	09(a)(1) or
g		Since A		006, has the organız	ation accept	ted any gıft	or contribution	on from any o	of the			r
				ectly or indirectly co	ntrols, eithe	r alone or t	ogether with p	persons des	cribed in (ii)		Yes	No
		and (111)	below, the g	overning body of the	the support	ed organiza	ition?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) a	bove?			11g(iii		
h		Provide	the followin	g ınformatıon about t	he supporte	d organizati	on(s)					
(i) Name of supported organization		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i)lis your gove docume	e Ion In ted In Irning	Did you no organiza col (i) c	otify the tion in of your	Is th organiza	organized A		vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
F								1	1			

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ection A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no	t 58,673	161,960	341,589	569,602	531,550	1,663,37
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	6,679	402	154,206	19,666	189,704	370,65
3	purpose Gross receipts from activities that are not an unrelated trade or	t					
	business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit t	0					
6	the organization without charge Total. Add lines 1 through 5	65,352	162,362	495,795	589,268	721,254	2,034,03
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						ı
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b Public Support (Subtract line 7c						ļ .
8	from line 6)						2,034,03
	ection B. Total Support	T T	Т				
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊤otal
9	A mounts from line 6	65,352	162,362	495,795	589,268	721,254	2,034,03
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,840	11,614	2,368	1,286	813	21,92
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b Net income from unrelated	5,840	11,614	2,368	1,286	813	21,92
11	business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	71,192	173,976	498,163	590,554	722,067	2,055,95
14	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or f	ıfth tax year as a	501(c)(3) organ	ızatıon, ►
Se	ection C. Computation of Pu	blic Support Pe	rcentage				
15	Public Support Percentage for 200)9 (line 8 column (f) divided by line :	13 column (f))		15	98 930 %
16	Public support percentage from 20	008 Schedule A, Pa	rt III, line 15			16	98 960 %
Se	ection D. Computation of In						
17	Investment income percentage fo	•			(f))	17	1 070 %
18	Investment income percentage fro		•			18	1 040 %
19a	33 1/3% support tests—2009. If t more than 33 1/3%, check this box					:han 33 1/3% and	line 17 is not

33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493305008180

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ame of the organization EAR NORTH DEVELOPMENT CORPORATION	·	Empl	oyer identific	cation numbe	r
LAN NORTH DEVELOPMENT CONTONALION		36-2	2655083		
organizations Maintaining Donor A		unds	or Account	s. Complet	e if the
	(a) Donor advised funds	(b) Funds and	other accour	nts
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor ad funds are the organization's property, subject to th		nor advı:	sed	☐ Yes	┌ No
Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the bo	_	•		☐ Yes	□ No
conferring impermissible private benefit art II Conservation Easements. Complet	f. kla	ha	000 D		1 140
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a queasement on the last day of the tax year	organization (check all that apply) ation or pleasure) Preservation of a	n histori certified	cally importa I historic stru	ntly land area	1
easement on the last day of the tax year			Held at th	e End of the	Vear
Total number of conservation easements		2a	neid at th	e Liid Of the	- Cai
Total acreage restricted by conservation easemen	ts	2b			
: Number of conservation easements on a certified h		2c			
Number of conservation easements included in (c)	• •	2d			
Number of conservation easements modified, trans			e organızatıoı	n during	
Number of states where property subject to conser					
Does the organization have a written policy regards enforcement of the conservation easements it hold		ıdlıng of	violations, ar	nd ┌ Yes	┌ No
Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easer	ments du	ırıng the year	-	
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easement	s during	the year 🟲 \$		
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of se	ction		☐ Yes	┌ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	f the footnote to the organization's financia				
THE III Organizations Maintaining Collect Complete if the organization answered		or Oth	ner Similar	Assets.	
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or resear	ch ın fur			,
If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or research			•	
(i) Revenues included in Form 990, Part VIII, line	1		► \$		
(ii) Assets included in Form 990, Part X			► \$		
If the organization received or held works of art, his following amounts required to be reported under SF		or financ	cial gain, prov	ride the	
Revenues included in Form 990, Part VIII, line 1			► \$		
Assets included in Form 990, Part X			► \$		

Part	IIII Organizations Maintaining Co	llections of Art	, His	tori	cal T	reasur	es, or C	the	Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	y of th	e foll	owing	that are	a significa	ant us	e of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexcha	ange prog	ams				
ь	Scholarly research		e	Γ	O the	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	y furth	er the or	ganızatıor	ı's ex	empt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								llar	Г	es (┌ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Forn	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribi	utions or	other ass	ets n	ot	┌ \	es (┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		г					
							-			A mou	nt	
c	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ,	es (Г No
b	If "Yes," explain the arrangement in Part XIV	,										
Par	t V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	rear	(c)Two	Years Back	(d)⊺	hree Years Ba	ck (e)	Four Ye	ars Back
1a	Beginning of year balance											
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
_	and programs							<u> </u>				
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	a s									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	are hel	d and ad	mınıstere	d for t	:he			
	organization by										Yes	No
	(i) unrelated organizations			•				•	<u> </u>	3a(i)		
	(ii) related organizations								🖺	Ba(ii)		
Б 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th							•		3b		
	VI Investments—Land, Buildings					100 Dar	t V line	10				
rai	Till vestillents—Land, buildings	s, and Equipmen	III. 3			•			(-) (.1		
	Description of investment					or other estment)	(b)Cost or basis (ot		(c) Accumu depreciat		(d) Bo	ook value
1a l	and											
b E	Buildings		•									
c l	easehold improvements		•									
				1					Ī		I	
a t	quipment		•									
e (Other	<u> </u>					3	8,948		32,213		6,735

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of end-of-year market value
Closely-held equity interests Other		+
Other		
		+
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	
Tabel (Calumn (h) about any 15 mm 2000 Part V cal (D) has 13	•	
	ne 15	
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value 6,53
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, In (a) Description (a) Description (a) Description (b) Description (b) Description (c) Due from Evergreen Towers	ne 15. ption	6,5
Part IX Other Assets. See Form 990, Part X, In (a) Description (b) Should equal Form 990, Part X, col.(B) line	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X	ne 15. ption 15.) X, line 25.	6,5
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	ne 15. ption	6,5
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	ne 15. ption 15.) X, line 25.	6,5
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25.	6,5
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL	15.) X, line 25. (b) A mount	6,5
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL	15.) X, line 25. (b) A mount 28,465	6,5
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL	15.) X, line 25. (b) A mount 28,465	6,5
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL	15.) X, line 25. (b) A mount 28,465	6,5
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL	15.) X, line 25. (b) A mount 28,465	6,5
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	15.) X, line 25. (b) A mount 28,465	6,5

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493305008180

OMB No 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Name	of th	ie organi	izat ic	n
NEAR N	NORTH	DEVELOP	MENT	CORPORATIO

Employer identification number

36-2655083

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 5		There is an ongoing investigation of misappropriation of funds of approximately \$16,000
Form 990, Part VI, Section B, line 11		The Executive Director reviews the 990 and presents it to the board for review and approval
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
Form 990, Page 3, Part IV, #12	Audıt	The 2009 audit of the books of the Organization is ongoing due to the condition of the financial records

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

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DLN: 93493305008180

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Part I

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization NEAR NORTH DEVELOPMENT CORPORATION

36-2655083 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Total income

End-of-year assets

Employer identification number

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and EIN of related organization

Primary activity

(c) Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

EVERGREEN TOWERS I NFP

1251 N CLYBOURN AVENUE

Chicago, IL 60610 26-0077532

To provide low income housing for elderly and disabled in Chicago

ΙL

501(c)(3)

509(A)(2)

Part III	Identification of Related Organizations Taxab	ble as a Partnership (Co	mplete if the organization answered	d "Yes" on Form	990, Part IV	/, line 34
	because it had one or more related organizations tr	reated as a partnership dur	ing the tax year.)			
	(c)	(-)		(h)	(i)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h) (i)
Disproprtionate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

(j) General or managing partner?

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f)
Share of total income
(g)
Share of end-of-year assets

(h) of Percentage year ownership

(3)

(4)

(5)

(6)

Ρ	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
ā	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
ŀ	b Gift, grant, or capital contribution to other organization(s)	1b		No
•	c Gift, grant, or capital contribution from other organization(s)	1 c		No
c	d Loans or loan guarantees to or for other organization(s)	1d	Yes	
•	e Loans or loan guarantees by other organization(s)	1e		No
f	f Sale of assets to other organization(s)	1f		No
ç	g Purchase of assets from other organization(s)	1 g		No
ŀ	h Exchange of assets	1h		No
i	i Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j	j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
ŀ	k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
	m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
ı	n Sharing of paid employees	1 n		No
•	o Reimbursement paid to other organization for expenses	10		No
ı	p Reimbursement paid by other organization for expenses	1р		No
•	q O ther transfer of cash or property to other organization(s)	1 q		No
ı	r Other transfer of cash or property from other organization(s)	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	nolds		
	(a) Name of other organization (b) Transaction type(a-r)		(c) t involve	ed
1)	EVERGREEN TOWERS I NFP D			6,535
1) 2)	See Additional Data Table			

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity (b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID: Software Version:

EIN: 36-2655083

Name: NEAR NORTH DEVELOPMENT CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services										
(Code) (Expenses \$	48,767	ıncludıng grants of \$) (Revenue \$)					
•	Chicago Community Policing Enhancement works to improve police response to calls from residents and has made progress towards thanging the relationship between the police and the community									